

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**14900**

State File No. \_\_\_\_\_

FILED MAY 11 1953 REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5767 Registrar's No. 19

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lincoln</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Bedford Twp)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Bedford Twp)</u> <u>0570</u>	
c. LENGTH OF STAY (If applicable place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Farm Residence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Farm Residence</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Henry</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>Mallan</u>	<u>May 2, 1953</u>		

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never Married</u>	<b>8. DATE OF BIRTH</b> <u>Mar. 10, 1904</u>	<b>9. AGE</b> (In years last birthday) <u>49</u>	<b>10. MONTHS</b> _____	<b>10. DAYS</b> _____	<b>10. HOURS</b> _____	<b>10. MIN.</b> _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>General Farming</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Lincoln Co. Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Henry J. Mallan</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Annie Shelker</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Matt Mallan Troy, Missouri</u>	<b>ADDRESS</b> <u>Missouri</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Suffocation</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Tue. Morn. 5/5/53.</u>		
<b>ANTECEDENT CAUSES</b> <u>Subject fell across bed during an Epileptic Seizure, Face was Buried in pillow. Time was est. Sat. Eve. 5/2/53 Remains found</u>			

<b>19a. DATE OF OPERATION</b> <u>None</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>None</u>	<u>3533</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>XXXXXXXXXXXXXXXXXXXX</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, public place, etc.) <u>XXXXXXXXXXXXXXXXXXXX</u>	<b>21c. CITY, TOWN, OR TOWNSHIP</b> (COUNTY) (STATE) <u>XXXXXXXXXXXXXXXXXXXX</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>XXXXXXXXXXXXXXXXXXXX</u>	<b>21e. INJURY OCCURRED</b> <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK	<b>21f. HOW DID INJURY OCCUR?</b> <u>XXXXXXXXXXXXXXXXXXXX</u>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Joseph J. Marshall</u> Coroner (Degree or title) <u>Lincoln Co. Mo. 3</u>	<b>23b. ADDRESS</b> <u>Troy, Missouri</u>	<b>23c. DATE SIGNED</b> <u>5/5/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>5/7/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Sacred Heart Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Troy, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>May 9 - 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	<b>ADDRESS</b> <u>Kemper Funeral Home Troy, Missouri</u>
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\*Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of TX

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Joseph J. Marsh  
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.